FOR INSTRUCTIONS, SEE BACK OF FORM	IA FTHICS AND	FORM	CTATEMENT
CHECK ONE:	PAIGN DISCLUSING E.	FORM	STATEMENT
This is an Initial* Statement of Organization	Reset Form	DR-1 (Rev. 04/2008)	OF ORGANIZATION
This is an amonded* Statement of Organization	227.020.0000000000000000000000000000000	For Office Use	
*An initial Statement of Organization must be filed within 10 days of the making expenditures, or incurring indebtedness exceeding \$750. Amen	committee's accepting contributions,	Comm. #	<u></u>
a change. Penalties may be imposed for late-filed Statements of Organi	ization. A candidate with an open	Indexed	
committee that exceeds \$750 in activity for another office shall file within	10 days either a new or amended	Audited Computer	
574 disclosing information concerning the campaign for the new office sought.			
COMMITTEE NAME   (A candidate's committee must include the candidate's last name in the name of the committee.)			
<u>Citizens for Rouse</u>			
IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee			
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a c	andidate's committee)
Name + Linda Rouse	Name ↓ ↓		
Mailing Address 1 1 W. Ontario St.	Mailing Address ↓ ↓		
I City State J. J. iZin Code J. J.	City, State ↓ ↓ Zip Code ↓ ↓		
Center Ville, IA 52544			
Phone (641) 437 - 7/29	Phone ( )		
e-Mail	e-Mail		
INDICATE PURPOSE OF COMMITTEE – Check One Box Comment or description:	Advocate for/against candidate(s)	dvocate for ballot issi	ue(s)
All Candidates Enter: Office Sought: Board of Supervisors		Advocate against ballo and Local Ballot Cor	nmittees Enter:
Political Party (if applicable) Democratic		100 Se)	
District:			st of counties
Year Standing for Election: Date of Election: 11 - 4 - 0 8			
Bank Account Name (must match committee name)  Candidate name & Address or Parent Entity (PACs, if applicable).			
	Candidate name & Address or	Parent Entity (PACs	if applicable)
<b>+ + - - - - - - - - - -</b>	Candidate name & Address or ↓ ↓ ↓	Parent Entity (PACs, Affiliate, or Sponsor	if applicable).
Citizens for Rouse		Affiliate. or Sponsor	if applicable),
	Candidate name & Address or the house of the	Affiliate. or Sponsor	if applicable).
Citizens for Rouse  Name of Financial Institution/type of Account	Linda Rous	Affiliate. or Sponsor	if applicable).
Citizens for Rouse	Linda Rous.  Mailing Address + +  1104 W. Onto	Affiliate, or Sponsor	Zip ↓ ↓
Citizens for Rouse  Name of Financial Institution/type of Account + +  Farmers Bank of Northern Mo, NA  Mailing Address + +	Linda Rous.  Mailing Address + +  1104 W. Onto	Affiliate, or Sponsor	Zip ↓ ↓
Citizens for Rouse Name of Financial Institution/type of Account 11 Farmers Bank of Northern Mo. NA	Linda Rous.  Mailing Address + +  1104 W. Onto	Affiliate, or Sponsor  State	Zip ↓ ↓
Citizens for Rouses  Name of Financial Institution/type of Account   Farmers Bank of Northern Mo, NA  Mailing Address   aco West Maple  City   State   Zip   Lip   Tarrier   State   Tarrier   Tarri	Linda Rous.  Mailing Address + +  1104 W. Onto	Affiliate, or Sponsor  State	Zip ↓ ↓
Citizens for Rouses  Name of Financial Institution/type of Account   Farmers Bank of Northern Mo, NA  Mailing Address   aco West Maple  City   State   Zip   Lip   Tarrier   State   Tarrier   Tarri	Linda Rous.  Mailing Address + +  1104 W. Onto	Affiliate, or Sponsor  State	Zip ↓ ↓
Citizens for Rouse Name of Financial Institution/type of Account 11  Farmers Bank of Northern Mo, NA  Mailing Address 1  aco West Maple City 1 State 1 Zip 1  Centerville, IA 52544	Linda Rous.  Mailing Address + +  1104 W. Onto  City + +  Center ville,  Phone (641) 437  e-Mail	Affiliate, or Sponsor  State	Zip ↓ ↓
Citizens for Rouses  Name of Financial Institution/type of Account   Farmers Bank of Northern Mo, NA  Mailing Address   aco West Maple  City   State   Zip   Lip   Tarrier   State   Tarrier   Tarri	Linda Rous.  Mailing Address + +  1104 W. Onto  City + +  Center ville,  Phone (641) 437  e-Mail	Affiliate, or Sponsor  State	Zip ↓ ↓
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Citizens for Rouse.  Name of Financial Institution/type of Account  Farmers Bank of Northern Mo, NA  Mailing Address  City + State + Zip + Centerville, #A 52544  STATEMENT OF AFFIRMATION: By filing this document the committee at 1. The committee and all persons connected with the committee understand thrules in Chapter 351 of the lowa Administrative Code.	Mailing Address + 1  1104 W. Onto City + 1  Center Ville, Phone (641) 437  e-Mail  Affirms the following: hat they are subject to the laws in lowa Co	Affiliate, or Sponsor  State   A Sa	Zip ↓ ↓ 3.5. ↓↓ 8B and the administrative
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Date Signed